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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/522,510 |
| | Filing Date | September 17, 2005 |
| | First Named Inventor | Martin Gimmestad |
| | Title | NEW MUTANT STRAINS OF PSEUDOM |
| | Art Unit | 1652 |
| | Examiner Name | Mohammad Y. Meah |
| | Attorney Docket Number | 134542.00101 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

78442

OR
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
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| <input type="checkbox"/> Firm or Individual Name | | | |
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| City | | State | |
| Country | | | |
| Telephone | | Email | |

I am the:

☐ Applicant/Inventor.
OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---------------------------------------|-----------|----------------|
| Signature | <i>Marcia D. Pintuk</i> | Date | May 14, 2009 |
| Name | Marcia D. Pintuk | Telephone | (215) 299-6965 |
| Title and Company | Authorized Official FMC Biopolymer AS | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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